

**NOTICE OF WITHDRAWAL OF DESIGNATION AS INDEPENDENT CONTRACTOR  
PURSUANT TO R.I.G.L. §28-29-17.1**

\* I, (Name) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
\* Business Name \_\_\_\_\_ FEIN # \_\_\_\_\_  
\* Address \_\_\_\_\_ Business License # \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_

\* hereby withdraw my Designation as Independent Contractor for:

\* Hiring Entity Name: \_\_\_\_\_  
\* Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\* Date

\* **This information is available to the public.**

**Information on this form may be shared within the Department of Labor and Training, the Rhode Island Division of Taxation and the Internal Revenue Service.**

**Form is not valid until received and date stamped by this Department.**

For a dated receipt copy, include a copy with the original sent to the Department of Labor and Training with a SELF-ADDRESSED, STAMPED ENVELOPE. The original and copy will be date stamped. The original will be retained for our files. The stamped copy will be returned in the envelope provided.